Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
San Francisco Health Plan

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Delmarva Foundation
Improving Healthcare in the Communities We Serve.

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2005 Annual Review: San Francisco Health Plan

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of San Francisco Health Plan to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well San Francisco Health Plan performs in the areas of quality, access, and timeliness, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted in either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate San Francisco Health Plan's (SFHP) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version, 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs)
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on San Francisco Health Plan

San Francisco Health Plan (SFHP) is a full service, not for profit health plan contracted in San Francisco county as a local initiative (LI) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since August 13, 1996. As of July 2003, SFHP's total Medi-Cal enrollment was 28,896 members

During the HEDIS reporting year of 2004, San Francisco Health Plan collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations
- Breast Cancer Screening

- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by San Francisco Health Plan, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom San Francisco Health Plan provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding regarding whether children with more complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, SFHP submitted the following for review:

- Asthma- Breathing Better
- Adolescent Health Collaborative- Increasing the Rate of Well Adolescent Visits
- Childhood Immunizations.

The health plan systems review for SFHP reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covers activities performed by the health plan from September 2001 to August 2002 and was conducted September 16-18, 2002. This process includes document review, verification studies, and interviews with SFHP staff.

These activities assess compliance in the following areas:

- Utilization Management
- Continuity of Care
- Availability and Accessibility
- Member Rights
- Quality Management
- Administrative and Organizational Capacity

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review, covering services provided from July – December 2002, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by SFHP, as well as its marketing practices.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page two of this report. The table below shows the aggregate results obtained by SFHP.

Table 1: 2004 HEDIS Quality Measure Results for San Francisco Health Plan

HEDIS Measure	2004 SFHP Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status Combo 1	78.0%	64.7%	61.8%
Breast Cancer Screening	68.8%	53.1%	55.8%
Cervical Cancer Screening	61.0%	60.8%	63.8%
Chlamydia Screening in Women	45.9%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	68.4%	61.0%	64.2%

San Francisco Health Plan (SFHP) exceeded the Medi-Cal managed care average for all HEDIS measures related to quality. The Plan's HEDIS results were more favorable compared to the National Medicaid HEDIS average. Only one measure fell slightly below this national comparison average. Overall, the results demonstrate good performance in the area of quality.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of SFHP enrollees regarding their satisfaction with care. Also surveyed was a subset of the SFHP childhood population who has special health care needs. They are reflected by the CSHCN notation in the table. The non CSHCN reflects the parents' response for children in the SFHP population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for San Francisco Health Plan

CAHPS Measure	Population	2004 SFHP Rate	2004 Medi-Cal Average
Getting Needed Care	Adult	67%	69%
	Child	75%	77%
	CSHCN	66%	N/A
	Non-CSHCN	78%	N/A
How Well Doctors Communicate	Adult	53%	51%
	Child	56%	52%
	CSHCN	52%	N/A
	Non-CSHCN	56%	N/A

CAHPS data reveals that the perception of getting needed care is slightly less favorable for both children as well as adults when compared to the Medi-Cal average. Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with "Getting Needed Care" than their non-CSHCN Medi-Cal peers. The finding of lower satisfaction with this group indicates that more investigation of differences between the CSHCN and non-CSHCN populations may be needed. The importance of additional investigation lies in the fact that CSHCN population has more fragile health than the non-CSHCN population. Thu, satisfaction with the ability to receive needed care may avert care at a secondary or tertiary level for this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that SFHP adult members perceive that practitioner communication is very favorable. The SFHP child rate for this measure fell below the Medi-Cal managed care average (48% versus 52%). The finding that parents of the CSHCN population have the higher rate of satisfaction with communication as parents of Medi-Cal children leads to the belief that practitioners differentiate in their communication style between the two groups. However because the chronic care children are likely to have more serious health issues, the need for good communication between practitioners and parents is paramount in this subset of the childhood population. Additionally, SFHP Medi-Cal parents and parents of children with chronic care needs are generally less satisfied with the communication skills of practitioners compared to parents of other Medi-Cal health plans.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), SFHP used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted SFHP's success in achieving its targeted goal.

Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by SFHP can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by SFHP.

Adolescent Health Collaborative

- Relevance:
  - Standard of care for adolescents recommended by American Academy Pediatrics (AAP), the American Medical Association (AMA) and the U.S. Maternal and Child Health Bureau (MCH Bureau).
  - Adolescents represent 21.4% of SFHP's member population
- QIP Goal:
  - To improve the rate of adolescents who receive a well care visit

- Best Interventions:
  - Provider outreach education of Adolescent Health Working Group Provider Tool Kit
  - Teen-friendly provider designation
  - Adolescent movie ticket incentive program
- QIP outcomes:
  - Undetermined- Baseline measure
- Attributes/barriers related to Outcomes:
  - Barrier- Adolescent member motivation to seek care
  - Barrier: Suboptimal quality of the adolescent health care visit compared to the recommendations of professional medical associations
  - Barrier: Under-utilization of preventive services among adolescents.

Asthma Collaborative

- Relevance:
  - SFHP has a higher prevalence of asthma than the national average (10% verses 5-8%)
  - SFHP serves many minorities who are adversely impacted by the burden of asthma.
- QIP goals:
  - Demonstrate a significant improvement in the percentage of members who have asthma treatment plans
  - Demonstrate a significant improvement in the percentage of members having ED visits secondary to asthma

- Demonstrate a significant improvement in the percentage of members who have hospitalizations due to asthma
- Demonstrate a significant improvement in percentage of members with asthma who have appropriate use of medications

➢ Best Interventions
- Implementation of the Better Breathing Asthma Management Program
- Distribution of multi-language Asthma Action Treatment Plans
- Distribution of asthma-related durable medical equipment
- Quarterly lists of members with asthma to affected practitioners

➢ QIP outcomes
- Statistically significant increase in the presence of asthma action/treatment plans in the medical record
- Non-statistically significant increase in the use of appropriate medications for people with asthma
- Statistically significant decrease in the rate of inpatient admissions for asthma
- Statistically significant decrease in the rate of ED visits for members with asthma

➢ Attributes/Barriers related to outcomes
- Barrier: Lack of established relationship between an asthma member and the PCP
- Barrier: Access to asthma action treatment plans that is language appropriate
- Attribute: Providing durable medical equipment from the practitioner's office to allow the practitioner to evidence that the member understands how to use the equipment correctly and review any educational needs related to asthma that the member may have.

Childhood Immunization

➢ Relevance:
- SFHP compliance rate is for childhood immunizations is below the Healthy People 2000 goal of 90%.
- SFHP has adopted the American Academy of Pediatric immunization standards.

➢ QIP Goal:
- Demonstrate a statistically significant increase in the rate of immunizations over baseline and at re-measurement to members 0-2 years of age. (Immunization compliance is defined as the 24 month old member having 4 DTP/DtaP; 3 OPV/IMV; 1 MMR; 2 HIB; 3 Hepatitis B and 1 VZV antigens.

➢ Best Interventions:
- Implementation of a health plan-wide multi-lingual immunization reminder/recall system.
- Offer and provide technical assistance to practitioner office sites to develop office-based reminder programs

- Outcomes:
  - Statistically significant increase over baseline measure and first re-measure for DPT antigen received by members in the affected age group
  - Statistically significant increase over baseline measure and first re-measure for MMR antigen received by members in the affected age group
  - Statistically significant increase over baseline measure and first re-measure for HIB antigen received by members in the affected age group
  - Statistically significant increase over baseline measure and first re-measure for Hepatitis B antigen received by members in the affected age group
  - Statistically significant increase over baseline measure and first re-measure for Varicella antigen received by members in the affected age group.
  - Non-statistically significant increase in the Polio vaccine received by members in the affected age group.
  - Statistically significant increase in Combo I (all antigens except Varicella) and Combo II (all antigens including Varicella) rates over baseline and first re-measurement.
- Attributes/barriers related to Outcomes:
  - Attribute: Development and implementation of the immunization reminder system
  - Attribute: Development of the "Make the Last Shot Count" Incentive Program
  - Attribute: Technical assistance provided by SFHP to practitioner office practices in developing office-based reminder programs.

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- SFHP

QIP Activity	Indicator	Baseline	Re-measurement		
			#1	#2	#3
Asthma Collaborative	1.Asthma Action Treatment Plan (AATP)	1999: 4.9%	2000-2001 12.4%	2002-2003 15.8%	
	2. Percentage of Asthma-related hospital days per year	6.6%	4.6%	4.8%	
	3. Percentage of .Asthma-related ED visits per year	15%	10.3%	8.7%	
	4. Use of appropriate medications for asthma	55.8%	57.0%%	68.4%	

QIP Activity	Indicator	Baseline	Re-measurement		
			#1	#2	#3
Adolescent Health Collaborative	1. % of adolescents with well care visits	2003 38.43%%			
Childhood Immunization	1. 4 DTP	2000 75.1%	2002 82.1%	2003 86.1%	
	2. 1 MMR	78.1%	84.0%	89.8%	
	3. 3 Polio	80.9%	86.3%	91.4%	
	4. 2 HIB	75.4%	80.5%	87.3%	
	5. 3 Hepatitis B	77%	82.6%	89.1%	
	6. 1 Varicella	64.9%	80.7%	85.9%	
	7. Combo I	55.6%	66.1%	78.0%	
	8. Combo II	47.2%	62.9%	74.3%	

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, SFHP was assessed specifically in the following areas:

- Quality Management Review Requirements
  - Qualified Providers
  - Program Description and Structure
  - Administrative Services
  - Delegation of QIP Activities
- Member's Rights
  - Grievance Systems
- Continuity of Care
  - Coordination of Care: Within the Network
  - Coordination of Care: Outside the Network/Special Arrangements
  - Initial Health Assessment
  - Referral Follow-Up Care System

SFHP was found to have opportunities for improvement in the areas of qualified providers and delegation of QIPs. As well, opportunities for improvement were also identified related to grievance systems, coordination of care outside the network and for special arrangements, initial health assessments and the referral follow-up care system. Within six months, SFHP addressed all identified deficiencies to the Department's satisfaction.

Summary of Quality

In summary, SFHP Health Plan demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regard to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measures. Two rates are calculated for these measures; Timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for San Francisco Health Plan

HEDIS Measure	2004 SFHP Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	76.9%	75.7%	76.0%
Postpartum Check-up Following Delivery	49.9%	55.7%	55.2%

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "getting care quickly" is used as a proxy measure for access and availability. San Francisco Health Plan (SFHP) scored above the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and scored below both comparison averages for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results demonstrate that there is potential for improvement pertaining to access.

Table 5: 2004 CAHPS Access Measure Results for San Francisco Health Plan

CAHPS Measure	Population	2004 SFHP Rate	Medi-Cal Managed Care Average
Getting Care Quickly	Adult	36%	35%
	Child	37%	38%
	CSHCN	35%	N/A
	Non-CSHCN	37%	N/A

Findings from 2004 indicate that SFHP slightly exceeded the Medi-Cal managed care average for adults. The child rate fell slightly below the Medi-Cal managed care average. However, it is important to note that children with chronic care needs (CSHCN) and the Medi-Cal children's population have slightly differing levels of satisfaction with access. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the chronic care needs population is more satisfied with their ability to obtain routine care compared to when they perceive a more urgent need for they express less satisfaction in the

measure of getting care quickly. This is important for the CSHCN population are likely more vulnerable related to health status thus the ability to obtain care quickly may avert the receipt of care at secondary or tertiary levels.

Quality Improvement Projects

San Francisco Health Plan quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2001-2002 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

- Member's Rights
  - Cultural and Linguistic Services
  - Primary Care Physician
- Availability and Access
  - Access To Medical Care
  - Access To Emergency Services
  - Access To Pharmaceutical Services
  - Access To Specific Services

After completion of the review, DHS/DMHC, identified opportunities in the area of access to emergency and specific services. Additionally, deficiencies were identified in the areas of cultural and linguistic services and primary care physician requirements. To address these opportunities, DHS/DMHC conducted active oversight of SFHP's corrective action process. SFHP effectively implemented recommendations related to Access Review Requirements and corrected each identified opportunity within six months of the final report findings.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Combining all the data sources used to assess access, SFHP has addressed the areas where the health plan displayed vulnerability and corrected the identified issues in order to comply with the access standards required by DHS/DMHC.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for San Francisco Health Plan

HEDIS Measure	2004 SFHP Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	61.3%	48.7%	45.3%
Adolescent Well-Care Visits	38.4%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	No Cases Reported	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	No Cases Reported	33.1%	N/A

Both measures for timeliness exceeded both the Medi-Cal managed care average and the National Medicaid HEDIS average. When looking at this data compared to the HEDIS childhood immunization results for SFHP, it is explicable that the rates are found to be high for both measures (Childhood Immunization Status and Well Child Visits in the First 15 Months of Life or 6 more visits). This may indicate that since practitioners performed more well-child visits, the childhood immunization rates are higher. We can infer from these results that the area of timeliness is a strength for SFHP.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7: 2004 CAHPS Timeliness Measure Results for San Francisco Health Plan

CAHPS Measure	Population	2004 SFHP Ratee	2004 Medi-Cal Average
Courteous and Helpful Office Staff	Adult	52%	54%
	Child	53%	53%
	CSHCN	52%	N/A
	Non-CSHCN	53%	N/A
Health Plan's Customer Service	Adult	65%	70%
	Child	73%	77%
	CSHCN	59%	N/A
	Non-CSHCN	74%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. San Francisco Health Plan (SFHP) adult rates reveal that office staff is more helpful when compared to the general Medi-Cal population. The opposite is true for the child rate since it fell below the Medi-Cal average (48% versus 53%). The adult rate slightly exceeded the Medi-Cal average (56% versus 54%). This could explain the reason that SFHP scored above the Medi-Cal average in all five (100%) The CSHCN population rate for this measure exceeded the non-CSHCN child rate. Although opportunities for improvement exist in both populations, it is noteworthy that parents of children with chronic care needs find office staff slightly more courteous and helpful than general Medi-Cal child enrollees. The importance of this finding is that CSHCN populations often require more guidance from office staff in order to avoid crisis care management. Thus being satisfied with office staff may be an adjunct to this population's efforts to receive care. San Francisco Health Plan (SFHP) adult members generally find health plan customer services staff less helpful than the child and CSHCN population. This may be explainable due to the fact the CSHCN population are likely to require more information related to direct medical care which is likely to be better provided by the medical office staff.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPS. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. SFHP used a variety of mechanisms to address timeliness, including sending birthday card reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. SFHP acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often

identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2001-2002 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

- Utilization Management
  - Prior Authorization Review Requirements
  - Prior Authorization Appeal Process
  - Pharmaceutical Services in Emergency Circumstances

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review requirements as well as pharmaceutical services in emergency circumstances. SFHP effectively addressed issues identified in the Utilization Management Process and corrected identified deficiencies within six month to the Department's satisfaction.

Summary for Timeliness

Timeliness barriers are often identified as access issues. SFHP addressed timeliness in many of the QIPs. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPS focus upon HEDIS-related topics and methodology, SFHP demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of SFHP management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- Excellence demonstrated in improvement among all Childhood Immunization goals.
- General precise documentation within the QIP that defines the problem under study, indicator measures and the tri-focal approach to interventions taken to attain improvement followed by reassessment for improvement.

Access:

- SFHP scored above both the Medi-Cal average as well as the Medicaid average for the timeliness of prenatal care.
- The addition of an outreach component to the Asthma Education Program. The outreach addition assisted SFHP provide access to members with asthma who previously did not participate in the asthma education program.

Timeliness:

- SFHP exceeded both the Medi-Cal average as well as the National Medicaid average for 15 month childhood visits as well as adolescent well care rates.
- SFHP's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Develop strategies that optimize member participation in the selected activity.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective in attaining the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members perceptions of their ability to care when needed has an impact upon the actual receipt of timely care or service I
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.
- Implement an initiative to educate provider office staff about member expectations.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report

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